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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS**

<u> </u>	
Application Number	10/806,915
Filing Date	March 23, 2004
First Named Inventor	Titus, F. Louisa
Art Unit	
Examiner Name	
Attorney Docket Number	г

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450										
Please withdraw me as attorney or agent for the above identified patent application, and										
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1./	m <i>or</i> lividual Name	Medtronic Sofamor Danek, Inc.								
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Date	Date October 30, 2004				Telephone No. 615-773-3583				-3583	
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.										

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